

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 4-16-07

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RECEIVED
FINANCE
REGISTRATION

1. NAME Horton, Jr. Royal C
Last First MI
2. BUSINESS PHONE 225 298-1225
3. BUSINESS ADDRESS 2900 West Fork Baton Rouge, LA 70827
Street and No. City State Zip
- MAILING ADDRESS 2900 West Fork, Ste 200 Baton Rouge, LA 70827
Street and No. City State Zip
4. EMPLOYER National Federation of Independent Business
5. EMPLOYER'S ADDRESS 2900 West Fork, Ste 200 Baton Rouge, LA 70827
Street and No. City State Zip
6. Have you ceased or terminated all lobbying activities requiring registration? Yes _____ No _____

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name National Federation of Independent Business
Address 2900 West Fork, Ste 200 Baton Rouge, LA 70827
Business or purpose Protect the interests of small business owners

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of 4/24/07

HAND DELIVERED

SUPPLEMENTAL REGISTRATION FORM



2. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

3. Name _____
Address _____
Business or purpose _____
☐ New Representation
Does this person pay you? _____
If No, who pays you? _____
☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist